HEALTH INFORMATION TECHNOLOGY (HEALTH IT) COMMISSION BYLAWS

ARTICLE I - PREAMBLE

ARTICLE II - DEFINITIONS

ARTICLE III - GENERAL PURPOSE

ARTICLE IV - MEMBERSHIP OF THE COMMISSION

ARTICLE V - MEETINGS OF THE COMMISSION

ARTICLE VI - COMMISSION OFFICERS

ARTICLE VII - COMMITTEES

ARTICLE VIII - LEGAL COUNSEL

ARTICLE IX - AMENDMENTS OF BYLAWS

ARTICLE I – PREAMBLE

The Michigan Health Information Technology Commission was created to advise the Michigan Department of Community Health (existing now as the Michigan Department of Health and Human Services). The Commission was established by Michigan Public Act 137 of 2006 ("2006 PA 137"). The bylaws, based upon statute in 2006 PA 137 and developed by the commission, remain in effect until amended as provided for in Article IX.

ARTICLE II - DEFINITIONS

"Health IT Commission" means the Michigan Health Information Technology Commission created under Section 2503

"Department" means the Michigan Department of Health and Human Services

"Department of Information Technology" means the Michigan Department of Technology, Management and Budget

"Department Liaison" means the Michigan Department of Health and Human Services' point of contact and coordinator for the Commission

<u>ARTICLE III - GENERAL PURPOSE</u>

The duties of the Health IT Commission are set forth in Section 2505 of 2006 PA 137. The Health IT Commission exercises its duties to promote all the following:

- A. Develop and maintain a strategic plan in accordance with subsection (2) to guide the implementation of an interoperable health information technology system that will reduce medical errors, improve quality of care, and produce greater value for health care expenditures.
- B. Identify critical technical, scientific, economic, and other critical issues affecting the public and private adoption of health information technology.
- C. Provide recommendations on policies and measures necessary to achieve widespread adoption of health information technology.
- D. Increase the public's understanding of health information technology.
- E. Promote more efficient and effective communication among multiple health care providers, including, but not limited to, hospitals, physicians, payers, employers, pharmacies, laboratories, and any other health care entity.
- F. Identify strategies to improve the ability to monitor community health status.

- G. Develop or design any other initiatives in furtherance of the commission's purpose.
- H. Annually, report and make recommendations to the chairpersons of the standing committees of the house of representatives and senate with jurisdiction over issues pertaining to community health and information technology, the house of representatives and senate appropriations subcommittees on community health and information technology, and the senate and house fiscal agencies.
- I. Perform any and all other activities in furtherance of the above or as directed by the department or the department of information technology, or both.
- J. The strategic plan developed shall include, at a minimum, each of the following:
 - (a) The development or adoption of health care information technology standards and strategies.
 - (b) The ability to base medical decisions on the availability of information at the time and place of care.
 - (c) The use of evidence-based medical care.
 - (d) Measures to protect the privacy and security of personal health information.
 - (e) Measures to prevent unauthorized access to health information.
 - (f) Measures to ensure accurate patient identification.
 - (g) Methods to facilitate secure patient access to health information.
 - (h) Measures to reduce health care costs by addressing inefficiencies, redundancy in data capture and storage, medical errors, inappropriate care, incomplete information, and administrative, billing, and data collection costs.
 - (i) Incorporating health information technology into the provision of care and the organization of the health care workplace.
 - (j) The ability to identify priority areas in which health information technology can provide benefits to consumers and a recommended timeline for implementation.

(k) Measurable outcomes.

ARTICLE IV - MEMBERSHIP OF THE COMMISSION

A. Size and Composition

The Health IT Commission consists of 13 members as designated in Section 2503 of 2006 PA 137.

- 1. The director of the department or his or her designee.
- The director of the department of information technology or his or her designee.
- 3. One individual representing a nonprofit health care corporation operating pursuant to the nonprofit health care corporation reform act, 1980 PA 350, MCL 550.1101 to 550.1703.
- 4. One individual representing hospitals.
- 5. One individual representing doctors of medicine.
- 6. One individual representing doctors of osteopathic medicine and surgery.
- 7. One individual representing purchasers or employers.
- 8. One individual representing the pharmaceutical industry.
- 9. One individual representing schools of medicine in Michigan.
- 10. One individual representing the health information technology field.
- 11. One individual representing pharmacists.
- 12. One individual representing health plans or other third-party payers.
- 13. One individual representing consumers.

A. Term of Office

Health IT Commission members will serve a term of four years, as set forth in Section 2503 of 2006 PA 137

<u>ARTICLE V - MEETINGS OF THE COMMISSION</u>

A. Quorum, Voting Procedures, and Proxy Votes

- 1. Section 2503 of 2006 PA 137 defines a quorum for the Health IT Commission. With 13 members, a quorum of 7 of the 13 members appointed and serving is required.
- 2. Final action by the Health IT Commission shall be only by affirmative vote of a majority of commissioners appointed and serving. Any action taken in the absence of a quorum is invalid. If the Health IT Commission properly notices a meeting under the Open Meetings Act, but lacks a quorum when it actually convenes, commissioners in attendance may not receive reports and comments from the public or from the Department, ask questions, and comment on matters of interest.

B. Compliance with the Open Meetings Act

The Health IT Commission must adhere to the provisions of the Michigan Open Meetings Act, 1976 PA 267, as amended, MCL 15.261, et seq.

C. Governance under Robert's Rule of Order Revised

Health IT Commission business and procedural activities are governed by Robert's Rules of Order Newly Revised, where consistent with applicable state law and these bylaws.

D. Regular and Special Meetings

- In compliance with the Open Meetings Act, the Health IT Commission must announce the regular meeting dates for the following year. Per Section 2503 of 2006 PA 137, the Health IT Commission will meet at least quarterly, or more frequently at the call of the chairperson of if requested by a majority of members.
- 2. A regular or special meeting of the Health IT Commission may be recessed and reconvened consistent with the provisions of the Open Meetings Act, 1976 PA 267, as amended, MCL 15.261, et seq.

E. Meeting Attendance

- 1. Commission members are expected to attend all regular and special meetings except on those occasions where good cause exists.
- 2. When a commission member is unable to attend a regular or special meeting, every effort should be made to give advance notice to the Department Liaison.
- 3. Pursuant to Section 2503 of 2006 PA 137, the governor may remove a member of the commission for incompetency, dereliction of duty, malfeasance, misfeasance, or nonfeasance in office, or any other good cause.

F. Teleconferencing

Commission members may participate in meetings by teleconferencing consistent with the Open Meetings Act (1976 PA 267, as amended, MCL 15.261 et seq).

G. Agenda and Background Materials

A tentative agenda will be set no later than 5 business days before each meeting. Each tentative agenda will be made available on the appropriate section of the Department Health IT Commission web page.

ARTICLE VI – COMMISSION OFFICERS

A. Election of Co-Chairs

On an annual basis, the Health IT Commission will elect two co-chairs at the first public meeting scheduled for the calendar year. Interested candidates for co-chair will submit a brief letter of intent to the Department Liaison at least 5 business days prior to the first public meeting scheduled for the calendar year. If quorum is not met for the first public meeting of the calendar year, the vote will be postponed until the next public meeting. Pursuant to Section 2503 of 2006 PA 137, a majority of members will vote to elect any chairperson or other officers as it considers necessary or appropriate. Co-chairs can be revoked of their title by a majority vote of commissioners at a public meeting on good cause.

B. Responsibilities of Co-Chairs

At each public meeting, Health IT Commission co-chairs preside over public

commission meetings. Co-chairs will introduce each agenda item and be responsible for conducting business during each public meeting. If neither co-chair is able to preside over any portion of a meeting with quorum, a plurality of remaining members of the Health IT Commission must select a temporary presiding officer.

ARTICLE VII – COMMITTEES

A. Commission Advisory Committees

Pursuant to Section 2503 of 2006 PA 137, the commission will ensure adequate opportunity for the participation of health care professionals and outside advisers by appointing advisory committees. Advisory committees will provide further support to the commission's purpose of facilitating and promoting the design, implementation, operation and maintenance of an interoperable health care information infrastructure in Michigan. In cases where a committee is composed of more than a quorum of the full public body or is empowered with decision-making authority, business will be conducted in accordance with the Open Meetings Act (1976 PA 267, as amended, MCL 15.261 et seq).

B. Adoption of Committee Charters

Section 2503 of 2006 PA 137 enables the Health IT Commission to create committees. For any new committee created, a majority of commissioners will vote to ratify a charter, detailing its purpose, charge and requirements for membership. A committee charter is adopted until it is amended or dissolved by a majority vote of commissioners.

C. Committee Membership

Committees must consist of at least two actively serving commissioners. Unless otherwise noted in a committee's ratified charter, commissioners can serve voluntarily on a committee. The Department Liaison maintains record of commissioners who opt to participate in a committee. Pursuant to Section 2503 of 2006 PA 137, a committee charter can open membership to health care professionals and outside advisers.

D. Committee Officers

At the first meeting held each calendar year, a majority of commissioners serving on a committee will elect a chairperson for a term of one year. A committee chairperson can serve consecutive terms. A committee chairperson can be revoked of his/her title by a majority vote of commissioners at a public meeting

on good cause.

E. Requests for External Nominations to Committees

Pursuant to Section 2503 of 2006 PA 137, when a committee charter allows for external membership, health care professionals and outside advisers can send requests for nomination to the Department Liaison.

F. External Nominations and Conflict of Interest

A request for nomination must also disclose any potential conflict of interest. Under the State Ethics Act, 1973 PA 196, MCL 15.341, et seq, and in accordance with the Advisory Opinion of the State Board of Ethics of November 5, 2004, a conflict of interest for committee members may exist when the individual member has a financial or personal interest in a matter under consideration by the committee. The personal interest of a committee member includes the interest of the member's employer, even though the member may not receive monetary or pecuniary remuneration as a result of advice given to a Health IT Commission committee for consideration by the public body.

G. Selection of Healthcare Professionals and Outside Advisers for Committees

The chairperson of a committee will determine the qualification of a candidate, based on the following criteria:

1. Experience

- a. Is or was a healthcare professional, or
- b. Has the professional competence as an outside adviser in any of the described areas, and
- c. Is not a lobbyist registered under 1978 PA 472, MCL 4.411 to 4.431

2. Conflict of Interest

- a. Does not have personal financial interest in the subject matter discussed within the committee, and
- b. Is not currently employed by an organization with financial interest in the subject matter discussed within the committee

External participants on a committee will serve a term of two years, but the

nomination can be revoked at any time by a majority vote of commissioners at a public meeting on good cause. External participants can request nomination for consecutive terms and can participate on multiple committees. The chairperson for each committee will maintain a list of all active members, and the list will be posted on the Department Health IT Commission web page.

ARTICLE VIII – LEGAL COUNSEL

- A. Co-chairs and committee chairpersons will use the laws of the State of Michigan, these bylaws, and *Robert's Rule of Order Newly Revised* to resolve any question arising concerning procedure at a meeting of the Health IT Commission
- B. The Attorney General of the State of Michigan, or the duly assigned Assistant State Attorney General, serves as the legal counsel to the Health IT Commission

ARTICLE IX - AMENDMENTS OF BYLAWS

- A. Any currently appointed and serving commissioner may propose amendments to these bylaws. Any proposal must be submitted at least 30 business days in advance of the next regular public meeting to the Department Liaison. The Department Liaison must distribute the proposed amendment to all currently appointed and serving commissioners at least 15 business days in advance of the next regular public meeting.
- B. The Department may propose amendments to these bylaws. The Department Liaison must distribute the proposed amendment to all currently appointed and serving commissioners at least 15 business days in advance of the next regular public meeting.
- C. Any amendment to these bylaws becomes effective on the date a majority of commissioners take final action to approve, unless otherwise stated in the amendment.
- D. Upon adoption of any amendment to these bylaws, the Department must provide all currently appointed and serving commissioners with a copy of the updated bylaws.